



CITY OF NEW YORK
OFFICE OF THE COMPTROLLER
Brad Lander

GENERAL RELEASE

KOREY WATSON, the claimant in NYC Comptroller claim number 2022PI023821, being over the age of eighteen (18) years and residing at [REDACTED], as "RELEASOR," in consideration of the payment of \$3,000.00, receipt whereof is hereby acknowledged, having received independent legal advice in this matter or having voluntarily, knowingly, and willingly waived the opportunity to seek legal advice, hereby voluntarily, knowingly, and willingly releases and forever discharges the City of New York, and all past and present officials, officers, directors, managers, administrators, employees, agents, assignees, lessees, and representatives of the City of New York, and all other individually named defendants and entities represented and/or indemnified by the City of New York, collectively the "RELEASEES," from any and all state and federal tort claims, causes of action, suits, occurrences, and damages, whatsoever, known or unknown, including but not limited to state and federal civil rights claims, actions, and damages, which RELEASOR had, now has, or hereafter can, shall, or may have, either directly or through subrogees or other third persons, against the RELEASEES for, upon or by reason of any matter, cause, or thing whatsoever that occurred through the date of this RELEASE, except as indicated below, if applicable. This RELEASE and settlement constitutes complete payment and satisfaction for all injuries and damages, including all claims for costs, expenses, attorneys' fees, and disbursements.

LIST BELOW THE EXCLUSION OF OTHER CLAIMS OR ACTIONS FROM THIS RELEASE. DO NOT INSERT THE SUBJECT CLAIM. ALL OUTSTANDING CLAIMS OR ACTIONS ARE INCLUDED IN THIS RELEASE UNLESS EXCLUDED SPECIFICALLY BY NAME BELOW. LEAVE THE SPACES BELOW BLANK IF NOT APPLICABLE.

Case name(s)/Court Venue/Index No(s). or Docket No.(s): _____
Case name(s)/NYC Comptroller's Office Claim No.(s): _____
Unfiled claim(s) - Name, Location, Occurrence, and Date of Occurrence: _____

In further consideration of the payment set forth above, RELEASOR hereby waives, releases, and forever discharges RELEASEE from any and all claims, known or unknown, past and/or future conditional payments, arising out of the RELEASOR'S Medicare eligibility for and receipt of Medicare benefits related to the claimed injury in this matter, and/or arising out of the provision of primary payment (or appropriate reimbursement), including causes of action pursuant to 42 U.S.C. Section 1395y(b)(3)(A) of the Medicare, Medicaid and SCHIP Extension Act of 2007.

The words "RELEASOR" and "RELEASEE" include all releasors and all releasees under this RELEASE.

This RELEASE may not be changed orally.

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

IN WITNESS WHEREOF, I have executed this RELEASE, this 9 day of August, 2024

[Signature], Claimant
(Signature)

STATE OF NEW YORK: COUNTY OF NY: ss.:

On August 9, 2024, before me personally came Korey Watson, to me known, and known to me to be the individual described in, and who executed the foregoing GENERAL RELEASE, and duly acknowledged to me that (s)he executed the same.

[Signature]
Notary Public

ILISSA BROWNSTEIN
NOTARY PUBLIC, STATE OF NEW YORK
NEW YORK COUNTY
LIC#: 01BR0002570
COMM. EXP 3-8-2027